

9710 Scranton Road, Suite 170 San Diego, CA 92121 Main: (858) 450-0099 Fax: (858) 450-9834 e-Fax (858) 200-0626 www.catalystlaw.com RECEIVED CENTRAL FAX CENTER FEB 0 7 2006

FACSIMILE TRANSMITTAL SHEET

DATE:

February 7, 2006

TO:

USPTO General Facsimile Center

FROM:

Michael B. Farber, Esq.

Reg. No.: 32,612

RE:

Revocation of Power of Attorney and New Power of Attorney and

Change of Correspondence Address for:

Serial No. 09/932,122

Date filed: August 16, 2001

Attorney Reference No.: 8089-002-US

FAX NO:

(571) 273-8300

No. Pages Including Fax Cover Sheet: 2

COMMENTS:

CERTIFICATE OF TRANSMISSION

(37 C.F.R. § 1.8A)

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being transmitted via facsimile to Fax No. (571) 273-8300, Atta: USPTO General Facsimile Center, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

S. Gac

February 7, 2006

Sara Hare

Date of Transmission

PLEASE CONTACT THIS OFFICE IMMEDIATELY IF THIS TRANSMISSION IS INCOMPLETE OR UNCLEAR AT (858) 450-0099.

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.

Ø

Total of 1

7 2006

PTC/SB/sz (01-08)
Approved for use through 12/31/2008. OMB 0661-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to rescond to a collection of information unless it displays a valid OMB control number.

Application Number 09/632,122 REVOCATION OF POWER OF Filing Date August 16, 2001 received ATTORNEY WITH First Named Inventor BAKER, Tony CENTRAL PAX CENTER Art Unit 1634

Attorney Docket Number | 8089-002-US

SITTON, J.S.

Examiner Name

NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint the practitioners associated with the Customer Number						er.	32301		
Please change the correspondence address for the above-identified application to:									
The address associated with Customer Number: 82301									
OR									
Firm or									
Address	zal Name								
Čity				State	T		Zip		
Country	···			<u> </u>			L		
Telephone					Email				
I am the:		L							
1 									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature									
Name	Tony Baker								
Date		JANUARY	2006	T	elephone	209-	506	-088s	
NOTE: Signatures of all the inventors or geolgradic of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one algorithms is required, see below.									

This collection of information is required by 97 CFR 1.96. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatry is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, to process) an application. Confidentiatry is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, to process) an application, properting, and submitting the complete the form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, properting, and submitting the complete this form surdior suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peterd and Tradement Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patentia, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTQ-8199 and select option 2.

forms are extention.